



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

		or, I hereby declare that: address and citizenship are	as stated below next		Page 1 of 2 PD-990202 Original Continuation Division Continuation- in-part Supplemental		
inventor (if plu	iral names a	, first and sole inventor (if are listed below) of the subject MULTIMODE TRANSMISS	ect matter which is cla	aimed and for which a	patent is sought		
(check one)	$\overline{\square}$	is attached hereto.					
		was filed onas supplemental] was ame	Application Serial No. nded on or (b) [sup	and (a) plemental] with amend	[other than dments through		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment referred to above.							
I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.							
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
Prior Foreign Application(s)							
					rity Claimed ∕es		
	lumber	Country	Day/Month/Yea	r Filed			
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:							
Ap	oplication Seria	No. Filing	Date	Status (patented, pending, aban	doned		



I hereby appoint the following attorneys, or agent and attorneys, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Vijayalakshmi D. Duraiswamy, Michael W. Sales,

Registration No. 31,505, Registration No. 30,213.

Address all telephone calls to, Michael W. Sales, (310) 662-9916

Address all correspondence to Customer Number 020991 (Hughes Electronics Corporation, Patent Docket Administration, Bldg. 001, M/S A109, PO Box 956, El Segundo, California 90245-0956).

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE					
ROBERT E. VAUGHAN	Robert E. Vaughan	9/18/00					
RESIDENCE (CITY AND STATE) 812 Knob Hill Avenue, Redondo Beach, CA 90277 U.S.A.							
POST OFFICE ADDRESS	each, ch 30277 0	U.S.A.					
812 Knob Hill Avenue, Redondo Beach, CA 90277							
FULL NAME OF SOLE OR JOINT INVENTOR HAROLD ROSEN	INVENTOR'S SIGNATURE	DATE 9/13/00					
RESIDENCE (CITY AND STATE) 14629 Hilltree Road, Santa Monica, Cal	lifornia 90402	U.S.A.					
POST OFFICE ADDRESS 14629 Hilltree Road, Santa Monica, California 90402							
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE					
RESIDENCE (CITY AND STATE)		CITIZENSHIP					
POST OFFICE ADDRESS							
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE	LOATE					
TOLE NAME OF SOLE ON SOMY INVENTOR	INVENTOR'S SIGNATURE	DATE					
RESIDENCE (CITY AND STATE)	CITIZENSHIP						
POST OFFICE ADDRESS							
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE					
RESIDENCE (CITY AND STATE)		CITIZENSHIP					
POST OFFICE ADDRESS							
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE					
RESIDENCE (CITY AND STATE)		CITIZENSHIP U.S.A.					
POST OFFICE ADDRESS		1					
. SS. S. ISE/ISE/ISE							